

TROY UNIVERSITY
HEALTH PRACTICE MANAGEMENT CERTIFICATE
 Certificate Plan and Progress Record
12 Semester-Hour Post-Master's Certificate Program

Name: Student ID#: Campus:
 Address: Email:

CERTIFICATE REQUIREMENTS:

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| <ol style="list-style-type: none"> 1. Official transcript of all academic work 2. Unconditional Admission 3. 12 Semester hours of credit 4. Meet residency requirements | <ol style="list-style-type: none"> 5. No more than 6 semester hours below "B" 6. Overall GPA of 3.0 7. All credit earned within 5 years of graduation 8. Intent to Graduate filed |
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REQUIRED COURSES: (12 sh)

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
BUS 5501	Survey of Business Concepts I	3			
HSA 6680	Health Services Administration and Policy	3			
HSA 6681	Legal and Social Issues in Health Administration	3			
HSA 6683	Healthcare Economics	3			

ITEMS TO BE DISCUSSED:

- 1. One term limit to have transcript(s) and test scores on file
- 2. Temporary, Conditional, Unconditional Admission
- 3. Availability of faculty for academic advising
- 4. Petition for transfer credit once unconditionally admitted
- 5. Class attendance
- 6. Drop and Withdrawal procedures; deadlines & consequences
- 7. Petition for Incomplete grade
- 8. Student participation in course and program evaluation
- 9. Other

Admission Status:	Date	Initials
Conditional		
Unconditional		
Residency		
Test Scores		
Comps		